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## Caregiver Occupational Stress Control Part 2: Membership and Training

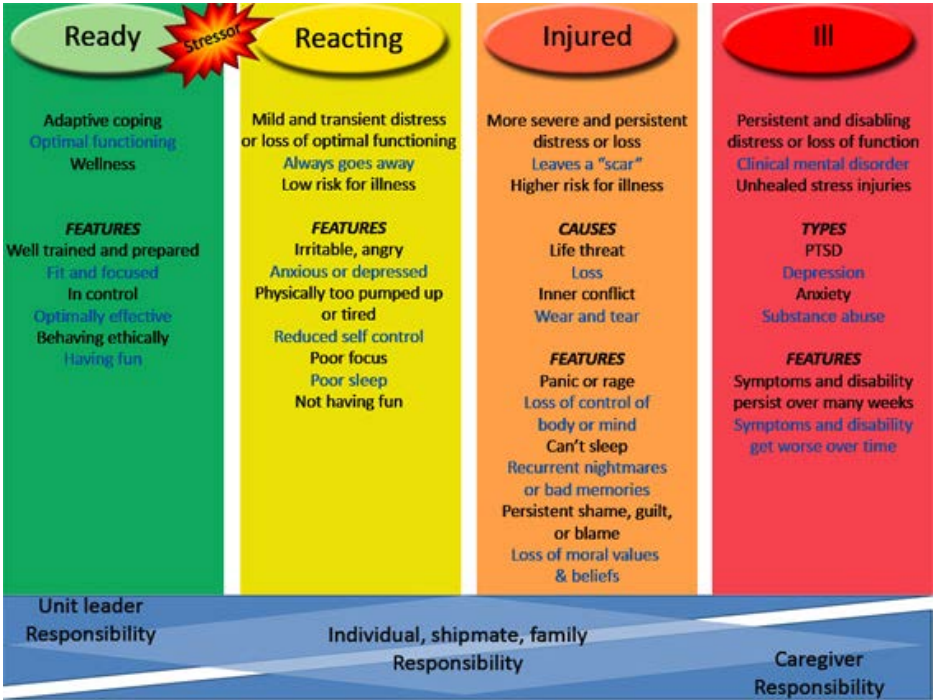
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*Editor's note: As part of September as Suicide Prevention Month, Navy Medicine is highlighting several blogs during this month on such topics as resilience, suicide prevention resources, reducing stigma, stress reduction tips, among others. This blog is part two of two. To see part one, click [here](#).*

At the foundation of Navy and Marine Corps' efforts to promote psychological health is the Stress Continuum. The Stress Continuum has four vertical zones that identify the entire spectrum of stress responses and outcomes. The Stress Continuum is an elegant, yet uncomplicated scientifically based tool that is primarily used for identifying how individuals react under stressful situations. Identification of an individual's stress reaction dictates what types of interventions are necessary to help restore optimal functioning.



U. S. Naval Hospital Okinawa recognizes the value in prioritizing the psychological health of our staff. This is the reason all USNHO staff members attend a 1.5-hour orientation to the

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core concepts of CgoSC.

The goal is to educate, promote awareness and to enhance resiliency to the psychological demands of being a caregiver. We emphasize awareness of the four sources of stress injuries: 1) exposure to trauma, 2) wear and tear, 3) loss, and 4) inner conflict/moral injuries associated with the therapeutic use of self.

One critical aspect of the CgOSC program is that the hospital staff is empowered to recognize and respond to the stress experienced personally as well as that experienced by their colleagues and peers. Stress injuries have historically been viewed as metaphorical wounds.

We now know that this is not the case as overwhelming stress can create lasting wounds as literal as any bodily injury. Moreover, stress injuries are often referred to as silent injuries. However, the various types of stress responses can be very overt. Therefore, all of our staff is educated on 1) Awareness (how to recognize a change in functioning in self/shipmates); 2) Active observation of the behaviors of ourselves/shipmates; and 3) Asking and Listening (“How are you/am I doing?”).

Our team is comprised of diverse civilian and active duty representatives from every department and branch clinic. All new CgOSC team members attend the more wide-ranging four hour course that in part covers such topics as:

- Identifying Risk, Recognizing Strengths
- Active Listening
- Combat and Operational First Aid (COFSA)
- Spiritual Fitness
- Relaxation/Stress Control Techniques
- Extreme/Common Stress Reactions
- Compassion Fatigue
- Provider Self Care
- Suicide Risk Assessment



Every CgOSC team member respects and maintains confidentiality of all information generated in connection with individual staff or unit discussions. CgOSC participation is elicited during command orientations, awareness/education events and through discussions with Senior Enlisted Leadership and Department Heads. It is important to mention that CgOSC team members must assess their own comfort level in dealing with myriad situations where one may interact with individuals experiencing loss, intense distress, and extreme emotional reactions. The training we provide helps prepare team members for this as CgOSC

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members must prioritize their own psychological fitness.

We hold meetings every other week to strengthen previously introduced CgOSC concepts, review ongoing outreach strategies and to plan the next CgOSC event. Our most recent initiative is preparing CgOSC team members to facilitate monthly 10-15 minute long presentations to their respective departments. Recent briefs include “Living a Balanced Life” and “Conflict Resolution.” All team members present the same monthly brief so that we may practice it and discuss it in our meetings. Additionally, all the briefs are maintained on our SharePoint, so no one has to reinvent the wheel.

In 2009 BUMED developed CgOSC based on the Combat Operational Stress Control (COSC) Model. As clearly stated in the COSC doctrine, “Leaders at all levels are responsible for preserving the psychological health of their Marines, Sailors, and family members, just as they are responsible for preserving their physical health.” Those of us in uniform have been explicitly charged with this duty. What may be less evident is the fact that despite one’s active duty or civilian status, rank or federal pay scale standing, rate, MOS or designator, we in military medicine all bear the responsibility of attending to this task. I specifically assert that we continually attend to this task, as preservation of psychological health is an ever-present obligation. “Drive-bys” and “windshield tours” are never to be considered the norm.

If we are to truly place value on the psychological health of our shipmates we must consistently practice engaged deck plate leadership. We must know our people. We as leaders must be able to know normal to identify the abnormal so we may effectively respond when our shipmates are at risk of psychological injuries and illness.



USNHO Staff engaging in some self-care. (Photo courtesy of Lt. Cmdr. Jason Duff)

CgOSC continually aims to strengthen unit cohesion, preserve individual well-being, enhance individual and unit resilience and maintain mission readiness. We consider this undertaking an honor and a privilege to carry out.

We in Okinawa have been successful with CgOSC due to the unwavering support of our command, the foundation laid by those who have come before us, the innovation and efforts of our current team, and the continued leadership and guidance from the folks at the Naval Center for Combat and Operational Stress Control. Again, thank you for your attention to this very important topic.

For more comprehensive information on CgOSC and COSFA please visit: [Naval Center for Combat & Operational Control \(NCCOSC\)](http://navymedicine.navylive.dodlive.mil/archives/5613)

Navy and Marine Corps COSC doctrine:  
<http://www.med.navy.mil/sites/nmcsd/nccosc/coscConference/Documents/COSC%20MRCP%20NTTP%20Doctrine.pdf>

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